

6 - Sadie Romein

1. PLACE OF DEATH. County of <u>Kankakee</u> <u>St. Anne Sup.</u> <small>(*Village</small> <small>*City</small> <small>*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).</small>		Registration Dist. No. <u>465</u> *Township <u>6897</u> Primary *Road-Dist. / Dist. No.		STATE OF ILLINOIS HENRY HORNER, GOVERNOR Department of Public Health—Division of Vital Statistics CERTIFICATE OF DEATH Registered No. <u>5</u> (Consecutive No.) Hospital.	
Street and Number, No. _____ St. _____ Ward _____ <small>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</small>					
LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? <u>37</u> yrs. _____ mos. _____ ds.					
1a. PLACE OF RESIDENCE: STATE <u>Illinois</u> County <u>Kankakee</u> Township <u>St. Anne</u> Road Dist. _____ <small>(Usual place of abode)</small> City or Village _____ Street and Number _____					
2. FULL NAME <u>SADIE DEHOAN ROMEIN</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced <u>Married.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Leunis Romein</u>		6. DATE OF BIRTH (month, day, and year) <u>Oct 31 - 1859</u>			
7. AGE Years <u>79</u> Months <u>6</u> Days <u>5</u> IF LESS than 1 day, _____ hrs. _____ min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>		10. Date deceased last worked at this occupation (month and year) <u>5/2/39</u>			
11. Total time (years) spent in this occupation. <u>55 yr</u>		12. BIRTHPLACE (city or town) <u>Barnumrecht</u> (State or country) <u>Holland</u>			
13. NAME <u>Arie de Hoan</u>		14. BIRTHPLACE (city or town) <u>unknown</u> (State or country) <u>Holland</u>			
15. MAIDEN NAME <u>Cornellie de Wagh</u>		16. BIRTHPLACE (city or town) <u>unknown</u> (State or country) <u>Holland</u>			
17. INFORMANT <u>Leunis Romein</u> <small>(personal signature with pen and ink)</small> P. O. Address <u>St. Anne Ill</u>					
18. PLACE OF BURIAL, Cremation or Removal Cemetery <u>Oak Wood</u> Location <u>St. Anne Sup.</u> <small>(Township, Road-Dist., Village or City)</small> County <u>Kankakee</u> State <u>Ill.</u>		19. DATE <u>5/9</u> , 193 <u>9</u>			
20. UNDERTAKER <u>J. R. Pittard</u> <small>(personal signature with pen and ink)</small> (firm name, if any)		ADDRESS <u>ST Anne</u>			
21. DATE OF DEATH (month, day, and year) <u>May 6</u> , 193 <u>9</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11 - 15</u> , 193 <u>8</u> to <u>5 - 6</u> , 193 <u>9</u> I last saw h.w. alive on <u>5-5</u> , 193 <u>9</u> ; death is said to have occurred on the date stated above, at <u>10:45 P.M.</u> *The principal cause of death and related causes of importance were as follows: <u>Cardiac defect</u> <u>hypertension</u> <u>Interstitial Nephritis</u> <u>Senile Dementia</u> Other contributory causes of importance: _____					
23. Was an operation performed? <u>No</u> Date of _____ For what disease or injury? <u>No</u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Clinical</u>					
24. If a communicable disease; where contracted? _____ Was disease in any way related to occupation of deceased? <u>No</u> If so, specify how: _____ (Signed) <u>R. P. Benjamin</u> M. D. Address <u>St. Anne Illinois</u> Date <u>5/8</u> , 193 <u>9</u> Telephone <u>23</u>					
<small>*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.</small>					
25. Filed <u>May 8</u> , 193 <u>9</u> <u>Conrad Phelan</u> Registrar. P. O. Address <u>St. Anne Ill.</u>					

<https://www.kankakeecountyclerk.com/records/vital-records/>